

ORIGINAL

IN THE UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF GEORGIA
DUBLIN DIVISION

FILED
U.S. DISTRICT COURT
AUGUSTA DIV.

2015 AUG 27 PM 4:54

CLERK 
SO. DIST. OF GA.

STEVE HUGH EZZARD,

Plaintiff,

v.

DR. CALEB AJIBADE and
WARDEN BRAD HOOKS,

Defendants.

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CV 314-141

O R D E R


By Order of June 11, 2015, Defendants in the captioned matter were ordered to show cause in writing within 14 days for their failure to waive service under Federal Rule of Civil Procedure 4(d). The June 11th Order was served upon Defendants by United States Mail at the Johnson State Prison. Defendants did not file anything in response to this Order.

On June 29, 2015, this Court directed that service be effected upon Defendants by the United States Marshal. Service was effected on July 16, 2015. (Doc. Nos. 54 & 55.) The cost of service was \$154.13 for each Defendant. (See id.)

Pursuant to Federal Rule of Civil Procedure 4(d)(2)(A) and in accordance with this Court's admonition to Defendants in its June 11th Order, Defendants are **ORDERED** to pay into the Registry of the Court the total amount of \$308.26. Upon

receipt, the Clerk shall reimburse the United States Marshals Service for the cost of service.

ORDER ENTERED at Augusta, Georgia, this 27th day of August, 2015.


UNITED STATES DISTRICT JUDGE

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF
STEVE HUGH EZZARD

COURT CASE NUMBER
CV814-141

DEFENDANT
DR. AJIBADE

TYPE OF PROCESS
ORDER

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

DR. AJIBADE, JOHNSON STATE PRISON

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

290 DONOVAN-HARRIS ROAD, P.O. BOX 344, WRIGHTSVILLE, GA 31096

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be
served with this Form 285

2

Number of parties to be
served in this case

2

Check for service
on U.S.A.

Steve Hugh Ezzard #43523
Johnson State Prison
PO Box 344
Wrightsville, GA 31096

and Clerk, U.S. District Court
Southern District of Georgia
P.O. Box 1130
Augusta, GA 30903

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

*Service directed by Court Order

Signature of Attorney other Originator requesting service on behalf of:

Scott L. Poff, Clerk

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

706-849-4400

DATE

6/30/2015

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

3

District of
Origin

No. 21

District to
Serve

No.

Signature of Authorized USMS

Deputy or Clerk

Date

7/6/15

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Johnson State Prison Medical Manager Deann Morris

Address (complete only different than shown above)

A person of suitable age and discretion
then residing in defendant's usual place
of abode

Date

6/16/15

Time

0945

☒ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

65.00

Total Mileage Charges
including enclaves

155 miles

Forwarding Fee

-

Total Charges

154.13

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$154.13

REMARKS: Dr. AJIBADE has retired from Johnson State Prison

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF STEVE HUGH EZZARD		COURT CASE NUMBER CV314-141	
DEFENDANT BRAD HOOKS, WARDEN		TYPE OF PROCESS ORDER	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { BRAD HOOKS, WARDEN, JOHNSON STATE PRISON ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 290 DONOVAN-HARRIS ROAD, P.O. BOX 344, WRIGHTSVILLE, GA 31096			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	2
Steve Hugh Ezzard #43523 and Clerk, U.S. District Court Johnson State Prison Southern District of Georgia PO Box 344 P.O. Box 1130 Wrightsville, GA 31096 Augusta, GA 30903		Number of parties to be served in this case	2
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

*Service directed by Court Order

Signature of Attorney other Originator requesting service on behalf of: Scott L. Poff, Clerk	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 706-849-4400	DATE 6/30/2015
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 (if more than one USM 285 is submitted))	Total Process 3	District of Origin No. 21	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 7/1/15
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **07/16/15** Time **0945** ☒ am ☐ pm
Signature of U.S. Marshal or Deputy
[Signature]

Service Fee 65.00	Total Mileage Charges including enclavorers 155 miles	Forwarding Fee —	Total Charges 154.13	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of fee fund*) \$154.13
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FILED
JUL 22 2015
U.S. DISTRICT COURT
SAVANNAH DIV.
PRIOR EDITIONS MAY BE USED
Form USM-285
Rev. 12/15/80
Automated 01/00